L	CLAIMS AS FILED					
		(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) BASIC FEE \$740.00
		TOTAL CLAIMS 20	9			
		INDEPENDENT CLAIMS - 3	1.			
			ANY MULTIPLE DEPENDENT CLAIMS? ()YES (X) NO			
					TOTAL FILING FEE ->	\$740.00

The Commissioner is hereby authorized to charge any additional fees which may be required in connection with this application, or credit any overpayment to ACCOUNT NO. 501-519. A duplicate copy of this sheet is enclosed.

X A check in the amount of \$740.00 to cover the filing fee is enclosed.

15. CORRESPONDENCE ADDRESS

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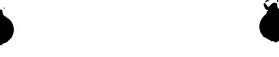
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U.S. Patent Application for Joachim Sallvin Entitled "MECHANICAL BREATHING AID WITH ADAPTIVE EXPIRATION CONTROL", one sheet of drawings, an executed Declaration, Form PTO-1595, executed Assignment, appropriate government filing fee and recordation fee. (Attorney's Docket No. P02,0062).

Signature of Person Mailing Application and Fees